

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

<b>PLAN/COVERAGE DESCRIPTION</b>		<b>TOTAL MONTHLY PREMIUM</b>	<b>COUNTY MONTHLY SUBSIDY</b>	<b>EMPLOYEE MONTHLY SHARE</b>
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Employee	\$46.06	\$41.62	\$4.44
	Employee + 1	\$104.04	\$94.02	\$10.02
	Family + 2 or more	\$104.04	\$94.02	\$10.02
For CalPERS Health Plans	Employee	\$46.06	\$34.47	\$11.59
	Employee + 1	\$104.04	\$77.79	\$26.25
	Family + 2 or more	\$104.04	\$77.79	\$26.25
Without a Health Plan	Employee	\$46.06	\$43.80	\$2.26
	Employee + 1	\$104.04	\$98.83	\$5.21
	Family + 2 or more	\$104.04	\$98.83	\$5.21
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Family + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Family + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Family + 2 or more	\$62.81	\$59.03	\$3.78
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44